

PTO/SB/30 (09-04)
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Request
for
Continued Examination (RCE)
Transmittal

Address to:
Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Application Number	09/684,869
Filing Date	October 6, 2000
First Named Inventor	David Allison Bennett, et al.
Art Unit	3629
Examiner Name	Jamisia A. Plucinski
Attorney Docket Number	PSTM0009/MRK

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.
Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

1. **Submission required under 37 CFR 1.114** Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).
- a. ☐ Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.
- i. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____
- ii. ☐ Other _____
- b. ☒ Enclosed
- i. ☒ Amendment/Reply
- iii. ☒ Information Disclosure Statement (IDS)
- ii. ☐ Affidavit(s)/Declaration(s)
- iv. ☐ Other _____
2. **Miscellaneous**
- a. ☐ Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)
- b. ☐ Other _____
3. **Fees** The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.
- a. ☒ The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 50,1574. I have enclosed a duplicate copy of this sheet.
- i. ☐ RCE fee required under 37 CFR 1.17(e)
- ii. ☐ Extension of time fee (37 CFR 1.136 and 1.17)
- iii. ☒ Other Charge any underpayments
- b. ☒ Check in the amount of \$ 810 is enclosed
- c. ☐ Payment by credit card (Form PTO-2038 enclosed)

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Signature	<u>Marilyn R. Khorsandi</u>	Date	<u>Sept. 15, 2008</u>
Name (Print/Type)	Marilyn R. Khorsandi	Registration No.	45,744

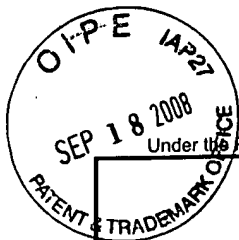
CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313-1450 or facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below.

Signature	<u>Alexandra Allison</u>	Date	<u>9-15-2008</u>
Name (Print/Type)	Alexandra Allison		

This collection of information is required by 37 CFR 1.114. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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a. ☐ Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.i. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____ii. ☐ Other _____b. ☒ Enclosedi. ☒ Amendment/Replyiii. ☒ Information Disclosure Statement (IDS)ii. ☐ Affidavit(s)/Declaration(s)iv. ☐ Other _____**2. Miscellaneous**a. ☐ Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)b. ☐ Other _____**3. Fees** The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.a. ☒ The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 50,1574. I have enclosed a duplicate copy of this sheet.i. ☐ RCE fee required under 37 CFR 1.17(e)ii. ☐ Extension of time fee (37 CFR 1.136 and 1.17)iii. ☒ Other Charge any underpaymentsb. ☒ Check in the amount of \$ 810 is enclosedc. ☐ Payment by credit card (Form PTO-2038 enclosed)**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.****SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED**

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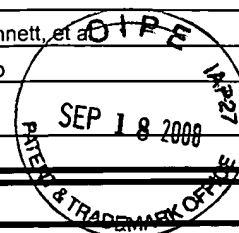
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FEE TRANSMITTAL

For FY 2008

Complete if Known

Application Number	09/684,869
Filing Date	October 6, 2000
First Named Inventor	David Allison Bennett, et al
Examiner Name	Jamisia A. Webb
Art Unit	3629
Attorney Docket No.	PSTM0009/MRK



☐ Applicant Claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 810.00)

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 501574 Deposit Account Name: Khorsandi Patent Law Group, ALC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charges fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small or Large Entity	Small or Large Entity	Small or Large Entity	Small or Large Entity	Small or Large Entity	Small or Large Entity	
Utility	Fee (\$)	310	Fee (\$)	155	Fee (\$)	210	105
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Small or Large Entity	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	210	105
Multiple dependent claims	370	185

Total Claims 16 - 43 (HP) = 0 x \$0.00 = \$0.00	Multiple Dependent Claims Fee (\$) \$0.00	Fee Paid (\$) \$0.00
-----------------------------------------------------------	--------------------------------------------------------	--------------------------------

HP = highest number of total claims paid for, if greater than 20

Indep. Claims 2 - 18 (HP) = 0 x \$0.00 = \$0.00	Fee Paid (\$) \$0.00
-----------------------------------------------------------	--------------------------------

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).

Total Sheets - 100 = 0 / 50 = 0 (round up to a whole number) x \$260.00 = \$0.00	Fee Paid (\$) \$0.00
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4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)	
Other: Request for Continued Examination	\$810.00

SUBMITTED BY

Signature	Registration No. 45744 (Attorney/Agent)	Telephone (626) 796-2856
Name (Print/Type)	Marilyn R. Khorsandi	Date Sept. 15, 2008

FEE TRANSMITTAL

For FY 2008

Complete if Known

Application Number 09/684,869
 Filing Date October 6, 2000
 First Named Inventor David Allison Bennett, et al.
 Examiner Name Jamisue A. Webb
 Art Unit 3629
 Attorney Docket No. PSTM0009/MRK

☐ Applicant Claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 810.00)

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):

☒ Deposit Account Deposit Account Number: 501574 Deposit Account Name: Khorsandi Patent Law Group, ALC

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Multiple dependent claims	370	185

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
16	- 43 (HP) = 0	x \$0.00	= \$00.00			
HP = highest number of total claims paid for, if greater than 20						\$0.00

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
2	- 18 (HP) = 0	x \$0.00	= \$0.00
HP = highest number of independent claims paid for, if greater than 3			

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Other: Request for Continued Examination

\$810.00

SUBMITTED BY

Signature *Marilyn R. Khorsandi* Registration No. 45744 Telephone (626) 796-2856
 Name (Print/Type) Marilyn R. Khorsandi Date Sept. 15, 2008